PROMISSORY NOTE AND SECURITY AGREEMENT

Plan Name: Woods Pow Participant's Social Security Number:	r-Grip Co., Inc. 401(k) Profit Sharing Pl 	an and Trust Plan Nu	imber: 28201
Participant Information				
Participant Name: Participant Address:	Last Street	First	Middle Init	ial
	City	State	Zip	
Division:	Hire Date:		Birth Date:	
Terms of Loan				
1. Amount of Loan (Principal):\$				
I hereby agree to all the terms an	d conditions in this agreemen	nt and certify that the a	pove information is true, accura	te and complete.
PARTICIPANT			DATE	
As Plan Administrator I authoriz	e the Participant's loan.			
PLAN ADMINISTRATOR			DATE	

Note: The Plan Administrator will maintain possession of this form.